



# UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1891

|                             |   |              |                        |   |
|-----------------------------|---|--------------|------------------------|---|
| SERIAL NUMBER<br>10/616,319 | FILING OR 371(c)<br>DATE<br>07/09/2003<br>RULE 1.47 | CLASS<br>600 | GROUP ART UNIT<br>3737 | ATTORNEY<br>DOCKET NO.<br>133860-2 (MHM<br>14882US02) |
|-----------------------------|---|--------------|------------------------|---|

## APPLICANTS

Heidi D. Zhang, Los Galos, CA;  
Robert F. Lawrence, Soquel, CA;  
Gilbert M. Lima, Fremont, CA;  
Steven C. Miller, Waukesha, WI;  
Anne L. Hall, New Berlin, WI;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/453,644 03/11/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/03/2003

|                                 |   |                        |                         |                       |                            |
|---------------------------------|---|------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>CA | SHEETS<br>DRAWING<br>15 | TOTAL<br>CLAIMS<br>65 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                         |                       |                            |

## ADDRESS

23446

## TITLE

Ultrasound breast screening device

|                                |   |  |
|--------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>1690 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                |   | <input type="checkbox"/> Other _____                           |
|                                |   | <input type="checkbox"/> Credit                                |